

ORDER FOR SUPPLIES OR SERVICES										Page 1 Of 3			
1. Contract/Purch Order/Agreement No. GS35F5833H			2. Delivery Order/Call No. DAAE20-01-F-0019		3. Date Of Order/Call (YYYYMMDD) 2001MAY23		4. Requisition/Purch Request No. SEE SCHEDULE		5. Priority DOA5				
6. Issued By TACOM-ROCK ISLAND AMSTA-AQ-ARCS WANNETTA BAKER (309)782-4905 ROCK ISLAND IL 61299-7630 EMAIL: BAKERW@RIA.ARMY.MIL				Code W52H09		7. Administered By (If other than 6) PR ACALA ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000			Code W52H09				
9. Contractor <div style="display: flex; justify-content: space-between;"> <div> Name and Address • CALIBRE SYSTEMS INC 5111 LEESBURG PIKE SUITE 514 FALLS CHURCH VA 22041-0000 • </div> <div> Facility • • </div> </div> TYPE BUSINESS: Large Business Performing in U.S.				Code 0EUA6		10. Deliver To FOB Point By (Date) (YYYYMMDD) SEE SCHEDULE			8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other				
				11. X If Business Is <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned									
				12. Discount Terms									
13. Mail Invoices To the Address in Block See Block 15													
14. Ship To SEE SCHEDULE				Code		15. Payment Will Be Made By DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009			Code HQ0304				
Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2													
16. Type of Order		Delivery/Call X		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
Purchase		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.											
		Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.											
Name Of Contractor				Signature				Typed Name And Title					
								Date Signed (YYYYMMDD)					
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE													
18. Item No.		19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: No Cost			20. Quantity Ordered/ Accepted*		21. Unit		22. Unit Price		23. Amount		
		KIND OF CONTRACT: Service Contracts											
<i>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</i>					24. United States Of America					25. Total \$0.00			
26. Quantity In Column 20 Has Been <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted _____ Date _____ Signature Of Authorized Govt Representative 36. I certify this account is correct and proper for payment _____ Date _____ Signature And Title Of Certifying Officer					By: PATRICIA J HARMON /SIGNED/ HARMONP@RIA.ARMY.MIL (309)782-5717					Contracting/Ordering Officer		29. Differences	
37. Received At 38. Received By 39. Date Received					27. Ship. No.		28. D.O. Voucher No.		30. Initials				
					<input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		33. Amount Verified Correct For				
					31. Payment				34. Check Number				
<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final									35. Bill Of Lading No.				
40. Total Containers		41. S/R Account Number		42. S/R Voucher No.									

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-01-F-0019 MOD/AMD	Page 2 of 3
Name of Offeror or Contractor: CALIBRE SYSTEMS INC		

SUPPLEMENTAL INFORMATION

This is a firm-fixed-price delivery order against GSA contract GS-35F-5833H for the following training services:

1. CALIBRE Systems, Inc. will conduct two, two-day sessions of Integrated Logistics Analysis Program (ILAP) training for the U.S. Army Tank-automotive and Armaments Command (TACOM-RI), Rock Island Arsenal, Rock Island, IL.
2. Each training session will be two days in length. Sessions will be conducted on June 11,12,13,14, 2001. The schedule for each session is 7:30 a.m until 4:00 p.m. CDST.
3. Training sessions will be conducted at Rock Island Arsenal, Rock Island, IL, Building 108, 1st floor, North Training Room.
4. The maximum number of students for each session is twenty (20).
5. The point of contact for this training is Ms. Beverly Hoy, AMSTA-LC-BAS, (309) 782-0965, email HoyB@ria.army.mil.
6. The total price for this order is \$12,248.29 which includes training plus other direct costs for travel, lodging, and other services.
7. Payment will be via the government-wide IMPAC card.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: CALIBRE SYSTEMS INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	SUPPLIES OR SERVICES AND PRICES/COSTS <u>Supplies or Services and Prices/Costs</u> <u>ILAP TRAINING</u> SECURITY CLASS: Unclassified				